

MAYOR MARION S. BARRY, JR.

SUMMER YOUTH EMPLOYMENT PROGRAM



TERMINATION REQUEST FORM

Participant Name: _____

Host Agency: _____

Worksite Name: _____

Participant's Position: _____

SSN (last four digits): XXX - XX - ____

Date: _____

Worksite Supervisor: _____

Please check the box indicating the reason for the termination:

- ☐ Falsification of documents (e.g., signing in and out for someone)
- ☐ Insubordination (e.g., disobeying a supervisor)
- ☐ Disruptive behavior
- ☐ Excessive absences
- ☐ Possession, sale or use of illegal drugs
- ☐ Harassment (e.g., sexual, verbal, or physical)
- ☐ Theft
- ☐ Other _____

Please provide a detailed explanation supporting the termination request.

DO NOT WRITE BELOW THIS LINE

Termination request has been

☐ APPROVED

☐ DENIED

Staff Signature _____ Date _____